

Patient Name:

Patient ID:



**Lakes Region Mental Health Center
Notice to Patients and Consent to Treatment Agreement
Adult Programs**

License and Code of Ethics

I, _____ am _____, governed by codes of ethics which include but are not limited to the National Association of Social Workers, American Mental Health Counselor Association, American Medical Association, and the American Association of Nurse Practitioners. A copy of the Code of Ethics of my professional affiliation is available upon request.

Mental Health Bill of Rights

A copy of the Mental Health Bill of Rights is posted in the waiting area. Please review the Bill of Rights carefully and let me know if you have any questions.

Community Mental Health Center Catchment Area

Lakes Region Mental Health Center, Inc. (LRMHC) is one of 10 regional community mental health centers in New Hampshire. LRMHC contracts with the Bureau of Mental Health (BMH) to provide behavioral health services primarily to residents of the Belknap and Southern Grafton County. In general, LRMHC cannot provide community-based or in-home treatment to Patients and families living outside of our designated catchment area. Depending upon capacity, LRMHC may be able to provide services to Patients living outside of our catchment area as long as Patients have their own transportation and can come into the office for all of their services. If you live or move out of our catchment area, and LRMHC is not able to meet your treatment needs, we may need to refer you to the community mental health center in your region.

Confidentiality

Under New Hampshire law, communications between a Patient and a therapist are privileged (confidential) and may not be disclosed without the authorization of the Patient or Patient's legal guardian except under specific, limited circumstances. For example, Patient information may be shared with others only with written permission, though a court order or when otherwise required by law. Records may also be subject to audit by regulatory authorities or third party payers. Your file contains written information about our work including an Initial Clinical Assessment, progress notes, treatment plan(s) and reviews, and other relevant information. You have the right to have access to and to review your record upon request.

Lakes Region Mental Health Center is a clinic that functions under a team model where a number of staff members with various roles make up your treatment team. At times, it may be appropriate to discuss your case within the treatment team or to discuss your treatment as part of my supervision. All members of your treatment team including my supervisor are legally bound to confidentiality. By signing this document, you are acknowledging that you understand that I may discuss your case within your treatment team, and/or supervision and you do not object to my doing so.

Exceptions to Confidentiality

There are situations in which a therapist is required by law to protect you and others from harm, even though it requires revealing information about a Patient's treatment.

These include:

- Should we suspect that a child, elder or incapacitated adult is being abused, neglected or exploited, a report will be filed with the appropriate protective agency.
- Should we believe that a person is threatening bodily harm to another person or threatening to damage another's property, protective action is required. This action will include notifying the potential victim(s), notifying the police, and/or seeking an involuntary admission into the hospital.
- Should a governmental agency such as BBH or Department of Health and Human Services (DHHS) request information for health oversight activities, LRMHC may be required to provide it.
- Should a complaint or lawsuit be filed against a therapist or LRMHC, the therapist or agency may disclose relevant Patient information to defend him/her.

Conflicts of Interest

New Hampshire is a small state, from time to time, actual or potential conflicts of interest may arise. In the event I become aware of a conflict of interest in providing treatment to you, I will discuss this issue with you. I may be required to refer you to another therapist. Regardless of the existence of a conflict of interest, you can be assured that any information about you will remain confidential.

Professional Boundaries

As a therapist, I am obligated to establish and maintain an appropriate professional relationship with current and former Patients, and the Patient's family members. For example, I will not socialize with, be a friend, or become sexually involved with a Patient. The nature of the counseling relationship is unique, and because of the need to protect Patients from harm or exploitation, therapists must maintain clinical boundaries, which do not compromise the counseling role.

Diagnosis and Recommended Treatment

As part of your treatment, I will discuss with you your diagnosis, assessment, and my recommendations for treatment, including the estimated length of therapy. Psychotherapy can have risks and benefits. Your therapy may involve discussing unpleasant aspects of your life and you could experience a range of distressing feelings and reactions that are not always resolved by the end of the session. As your therapist, I will work with you to identify areas of strength, expand your coping strategies, build on competencies, and develop a treatment plan with your active involvement. I encourage you to share your feelings about your therapy and any concerns you may have.

Substance Use or Abuse

Research has shown that the use of substances can interfere with mental health treatment. In order for treatment to be effective, it is important that you be candid with me about your substance use. LRMHC is not a provider of primary substance abuse treatment services; therefore, if you have a substance use problem that is interfering with your mental health treatment, we will need to determine whether LRMHC can meet your current treatment needs or whether you would benefit from a referral to a substance abuse treatment provider.

If you come to a session while under the influence or intoxicated, I will not see you for treatment. If you drove to the center, I will ask you to call a cab, friend, or family member to provide transportation home as it is against the law to operate a motor vehicle while under the influence. If you drive while under the influence, I will call the police.

Couples Treatment

Treatment records of couple's sessions contain information about both persons. Therefore, both Patients must understand and agree that the treatment records will only be released by joint consent. In the event joint consent is not given, the records will not be released to either party without a court order. Should the couple decide to discontinue the couple's treatment and request individual therapy, either one or both individuals will be referred to another therapist. I will not work with both partners in individual therapy during couples work, or following termination. You should also be aware that since there is a non-privileged third party involved in the couple's treatment (your partner), I cannot assure privilege (confidentiality).

Group Treatment

Unlike individual treatment, the confidentiality of group therapy is not protected by law. Group participants must sign and abide by a written confidentiality agreement prior to participating in group. Patients with concerns about confidentiality should discuss them prior to beginning treatment.

Cost and Payment for Services

Office based individual psychotherapy is billed as 45-50 minute session in accordance with LRMHC published rates. Family therapy sessions may be scheduled longer, depending upon clinical need. If you are using your health insurance benefits, the amount your insurance company reimburses LRMHC may be different from the published rate and is dependent on the contract we have with the third party payer.

Payment (including co-payment or payment towards deductible) is expected at the time of the service. LRMHC accepts payment in the form of cash, personal check, debit or credit cards. Appointments with our Benefits Specialist Case Manager are the exception. If you are unable to pay at the time of service, payment will be expected prior to or at your next appointment. If payment is not received prior to or at the next appointment, all future appointments will be cancelled.

If your insurance or financial situation changes during the course of treatment, it is your responsibility to let me know right away, so you and I can make decisions about your treatment. You may stop treatment at any time; however, you are still responsible for paying for services you have already received.

Insurance/Managed Care

Using a third-party payer, such as an insurance company to pay for your psychotherapy services, carries a certain amount of risk with regard to your confidentiality. In some cases, your insurance company or your employer may have access to information about your mental health. Please contact your insurance provider to get complete information as to how your information is shared.

Most insurance/managed care companies limit the number of sessions that will be reimbursed, either fully or partially. It is your responsibility to communicate directly with your insurance company about your coverage and any limitations of your benefit plan.

In the event that you request that we bill your insurer, you give authorization to LRMHC to release and exchange confidential information about your treatment and history to your insurance company in order for services to be provided and reimbursed. This information may be transmitted through the mail, facsimile and/or through web-based submission. If your insurance company or third party payer does not pay for a service, you are ultimately responsible for the payment of your account.

Workers Compensation Cases

If you are seeking treatment secondary to a work-related illness or injury, please be aware that the content of your therapy sessions will be required by your Workers Compensation carrier to process the claims. Your Workers

Compensation carrier may also share information about your treatment with your employer. Please contact your Workers Compensation carrier for information on how your information may be used or shared.

Charges for Court Related Services

I would prefer not to get involved with the courts as it may negatively affect treatment progress and the therapeutic relationship. Please be aware that as long as I am acting as your therapist, I am prohibited by my code of ethics from providing any expert services or professional opinions for you in court matters. I may only provide information about your progress in treatment during the court hearing, however, this does not include matters of probate including guardianship or Involuntary Emergency Admission to a psychiatric hospital.

In the event you request or require me by subpoena to provide ancillary professional services in a criminal or civil matter relating to my role as your therapist, you agree to compensate me, in advance, at the rate of \$ 250.00 per hour or at the rate set by LRMHC for those services. These may include activities such as preparing a treatment summary, report writing, giving a deposition, trial preparation and attendance, or travel time. These services are not reimbursed by insurance and cannot be billed to your insurance company.

Scheduling and Cancellations

We understand the value of your time, and we appreciate the same consideration in return. The agency provides appointment reminders via text or phone to assist you in this effort. If you must cancel you appointment, a minimum of 24 hour notice is required. Failure to provide 24 hour notice to cancel a scheduled appointment with the agency will be considered a missed appointment. Failure to arrive within 10 minutes of the start time of you appointment will also be considered a missed appointment. Every effort will be made to reschedule your first missed appointment; however if a second consecutive appointment is missed or 3 appointments are missed within 60 days of the first missed appointment, all future appointments will be cancelled and you will receive a letter with information about choices for ongoing treatment.

Payment for missed or canceled appointments is the responsibility of the patient since insurance companies do not pay for missed appointments. Payment for missed or late canceled appointments is expected at your next scheduled appointment.

Emergency Services

In the event of an emergency, (you or a family member may cause harm to self or others) you should call 911, your local police department, or contact LRMHC emergency services. LRMHC's emergency services are available 24 hours a day, seven days a week by calling 603-524-1100 and following the prompts. You may also go directly to the emergency room of your local hospital.

Medical Records

A file or medical record is maintained on each Patient and is stored in a locked medical record room at LRMHC. Your file includes an intake, diagnosis, treatment plan, treatment plan reviews, session notes, billing information, administrative forms, correspondence with your insurance company, discharge summary and any other written or electronic information received about you. LRMHC will keep your record for at least seven (7) years after you terminate services with us. If you wish to see a copy of your record, I recommend that you review it with me so that we can discuss the contents. You are entitled to a copy of the medical record for a fee that covers copying and administrative costs. A minimum of two weeks lead-time should be allowed for you to receive the record. You have the right to amend your record, although such changes will be additions to the record and do not expunge any prior information or part of the record; the information is simply added.

Electronic Communications

Some insurance companies require that I, or other staff in the agency, send billing and other information electronically (by facsimile, the Internet or e-mail). I cannot guarantee the confidentiality of such communications. If you do not consent to electronic communications, please inform me immediately, so we can determine whether and how to proceed.

There may be instances where it may be appropriate for us to communicate via e-mail. These types of situations must be discussed ahead of time and will be handled on a case-by-case basis. We will need to review the risks and benefits of e-mail communication. E-mail should never be used to communicate emergent information or as a substitute for attending sessions. The decision to communicate using e-mail will be periodically reviewed, and may be terminated by either party at any time.

Concerns or Complaints

If you have any concerns or complaints about the treatment you have received, you should not hesitate to raise them with me. You may also contact my supervisor or department director, the complaint investigator at LRMHC by calling (603) 524-1100, or the Board of Mental Health Practice, 121 South Fruit Street, Suite 303, Concord, NH 03301, (603) 271-2702.

Acknowledgment and Acceptance

My signature below indicates that I have read and understood this document and agree to abide by its terms and consent to begin services.



Patient (Guardian) Signature



LRMHC Witness